PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDE	Dal	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
FOLEY & LAN 150 EAST GILM P.O. BOX 1497		2010	T h	Cer eceby certify that th	tificate is Poets	of Mailing or Transn	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
MADISON, WI	53701-1497			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/896,797 IITLE OF INVENTION	06/29/2001 REDUNDANT OPTIC	AL DEVICE ARRAY	John Trezza			088245-4667	8282
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION PEE DUE	FREV. PAID ISSU	e fer	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	··	\$1810	10/06/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
BELLO, A	GUSTIN	2613	398-135000		•		
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney or 2 registered patent at listed, no name will to THE PATENT (print or to data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	nively, gle firm (having as a r agent) and the nam torneys or agents. If pe printed. (ype) patent. If an assign assignment.	members of uno name	p to per a 3	ocument has been filed fo
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	□ Individual □ C	orporat	ion or other private gro	oup entity Governmen
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. POINTEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
• • • • • • • • • • • • • • • • • • • •	s SMALL ENTITY statt	is. See 37 CFR 1.27.	b. Applicant is no le			A CONTRACTOR OF THE PARTY OF TH	· · · · · · · · · · · · · · · · · · ·
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (it requestroyers of the United Sta	urred) will not be accepted tes Patent and Trademark	ed from anyone other than k Office.	u me abbucant; a te8	isicted.	attorney of agent; or th	e assignee or other purty is
Authorized Signature	m		fairly of subject parameters again	Date Se		mber 30, 20	
Typed or printed name	e Marcus W	. Sprow		Registration ?	Yo	48,580	
This collection of inform an application. Confiden submitting the complete this form and/or suggest	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vari rden, should be sent to it	on is required to obtain on 1.14. This collection is to depending upon the income the Chief Information Offs.	or retain a benefit by estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES	the pub minute ommen Trader S SEN	olic which is to file (and s to complete, including the on the amount of the mark Office, U.S. Department.	by the USPTO to process ig gathering, preparing, an me you require to complet artment of Commerce, P.C for Patents, P.O. Box 1450

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.